

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 — 0 0 4

2. STATE:

Arkansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

April 1, 2002

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.167

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ -0-
b. FFY 2003 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 10a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same, Approved 01-29-02, TN 01-34

10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to return the benefit limit for personal care services to 64 hours per calendar month for recipients aged 21 and over. The benefit limit of 32 hours per calendar month contained in State Plan Amendment TN-01-34 was not implemented.

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Ray Hanley

14. TITLE:

Director, Division of Medical Services

15. DATE SUBMITTED:

March 29, 2002

16. RETURN TO:

Division of Medical Services
P. O. Box 1437
Little Rock, AR 72203-1437Attention: Binnie Alberius
Slot S295

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

1 APRIL 2002

18. DATE APPROVED:

17 APRIL 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 APRIL 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

Calvin G. Cline

21. TYPED NAME:

CALVIN G. CLINE

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID AND STATE OPERATIONS

23. REMARKS:



**DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services**

Calvin G. Cline

Associate Regional Administrator, Medicaid and State Operations

1301 Young Street, Room 827
Dallas, Texas 75202
Phone (214) 767-6301
Fax (214) 767-0270

April 17, 2002

Our Reference: SPA-AR-02-04

Mr. Ray Hanley, Director
Division of Medical Services – Slot 1103
Arkansas Department of Human Services
Post Office Box 1437
Little Rock, Arkansas 72203-1437

Dear Mr. Hanley:

Enclosed is a copy of the HCFA-179 form referencing Transmittal Number AR-02-04 and dated March 29, 2002. This State Plan Amendment increases the limit for personal care services from 32 hours to 64 hours per calendar month for categorically needy recipients age 21 and over. The amendment has been approved and incorporated into the official Arkansas State Plan with an effective date of April 1, 2002.

If you have any questions, please call J. P. Peters of my staff. Ms. Peters may be reached by calling (214) 767-2628 or by E-mail at jpeters@cms.hhs.gov.

Sincerely,

Calvin G. Cline
Associate Regional Administrator
Division of Medicaid and State Operations

Enclosure

cc: Elliott Weisman, CMSO



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 10a

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: April 1, 2002

CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

Not provided.

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

Personal care services are medically necessary, prescribed services to assist clients with their physical dependency needs. Personal care services involve "hands-on" assistance, by a personal care aide, with a client's physical dependency needs (as opposed to purely housekeeping services). The tasks the aide performs are similar to those that a nurses aide would normally perform if the client were in a hospital or nursing facility.

For individuals age 21 and older, personal care services are provided in the client's home or other specified locations. Locations outside the home are: (1) Residential care facilities, (2) DDS Community based residential home and (3) DDS group homes.

For individuals under age 21, personal care services are provided in the client's home or other locations as mandated by the Omnibus Budget Reconciliation Act (OBRA) of 1993. Effective for dates of service on or after December 1, 1997, prior authorization is required.

Personal care services are covered for categorically needy individuals only.

Effective for dates of service on or after April 1, 2002, for services beyond 64 hours per calendar month, per recipient over age 21, the provider must request an extension. Extensions of the benefit limit will be provided for recipients over age 21 if determined medically necessary.

SUPERSEDES TN- AR 01-34

STATE <u>ARKANSAS</u>	A
DATE REC'D <u>03-29-02</u>	
DATE APPV'D <u>04-17-02</u>	
DATE EFF <u>04-01-02</u>	
HCFA 179 <u>AR 02-09</u>	